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"*NEC TENUI PENNÂ*."

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J. W. HOLLAND, A. M., M. D., Editor.

H. A. COTTELL, M. D., Managing Editor.

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

EPIDEMIC CONVULSIONS.

While reading an article on chorea major in a standard work of recent date we were somewhat surprised to find this form of the disease spoken of as obsolete, having passed away since the Middle Ages. Including under this term those extraordinary involuntary movements occurring under the stimulus of peculiar psychical states, not hysteria and yet very closely allied to it, we are quite sure that every night it may be seen within a stone's throw of the spot where this is written. At a neighboring church the religious exaltation induced in the superstitious negro by stentorian appeals to his fears of damnation are quite sure to produce paroxysms of some sort, especially in the female part of the congregation.

The epidemics of the Middle Ages were regarded by Hecker as a religious craze complicated by the wild physical contortions and dances known as *chorea germanorum*. According to Rosenthal, Cantani states that it is frequently observed nowadays in Italy among the ignorant peasantry, and Davidson has recorded an epidemic of choreomania which within our times appeared in

Madagascar. This outbreak was described as paroxysms of dancing combined with rotatory movements of the head and seesawing of the arms, which lasted for hours. It occurred among the superstitious classes, who were laboring under excitement wrought by general social and political changes.

An interesting contribution to the literature of the subject appeared in "Brain" for October, 1881. It is a paper prepared by Dr. David W. Yandell, which tells a surprising story of choreomania with such graphic touches that if our space permitted the whole of it should be reproduced.

The epidemic which he describes reached its height about 1800, to reappear for several years afterward, and before it declined it had involved Kentucky, Tennessee, and a part of the Carolinas. At one time so general was its spread that during a religious campmeeting in Kentucky not less than three thousand persons fell in convulsions to the ground.

Under the preaching of the Rev. James McGready, who was loud in voice and passionately eloquent, a revival of religion and the onset of the epidemic began simultaneously in Logan County, Ky., about 1787.

In 1800 the religious excitement ran so high that ordinary daily employments were abandoned by men, women, and children, and continuous campmeetings kept the ardor of religious feeling at a full blaze. Immense concourses gathered in the woods of persons "convicted of sin," who sang to and exhorted each other through the day and by torchlight into late hours of the night. Such unusual proceedings produced a marvelous effect upon the imagination of the simple-minded and emotional, heighten-

ing to an unheard-of pitch the effect of fervid oratory.

These physical manifestations came to be regarded as the most valid proof of "conversion," and hence every resource was drawn upon which would increase the mental and physical susceptibility. It is no wonder that thousands fell in convulsions, and that some ran mad for a season, "roaring, howling, praying day and night." A preacher named Grenade, a veritable son of thunder, was followed by great crowds, who sought to "get religion" by the startling effects his impassioned oratory and violent demonstrations invariably produced. So much power had he over this believing and excitable people that, according to his own words, they fell as if slain by a mighty weapon, and lay in such heaps that they were in danger of suffocation. A few shrieks from the women would precipitate the congregation in convulsions. In some persons there was numbness of the extremities, in others catalepsy, lasting occasionally for hours or even days. Sometimes they were seized by paroxysms closely resembling epilepsy, but most often a choreic form was experienced called the "jerks." The jerks appeared first in the forearms, but later the entire body became terribly involved. The head was thrown about with alarming celerity, causing the hair, if it was long, "to crack and snap like the lash of a whip." Sometimes, says an observer, the subject was affected in a single member of his body, but at other times the spasms were universal. When the head alone was affected it would be jerked from side to side so quickly that the features could not be distinguished. "When the whole system was affected," he continues, "I have seen the person stand in one place and jerk backward and forward in quick succession, the head nearly touching the floor behind and before. All classes, saints and sinners, the strong as well as the weak, were thus affected. I have seen some wicked persons thus affected, and all the time cursing the jerks while they were thrown to the earth with violence."

From a very vivid picture of this frenzy given by Rev. R. McNemar, an eye witness, quoted by Professor Yandell, we learn that nothing in nature could better represent this strange and unaccountable operation than for one to goad another alternately on every side with a piece of red-hot iron. But the most incongruous and astonishing feature of the epidemic was the "holy laugh." The writer once saw a case of chorea affecting the diaphragm and other muscles coordinated in laughter, which occurred as chorea minor usually does without regard to mental stimulus. The "holy laugh" was more nearly akin to the ordinary attacks of hysterical laughter, and was regarded like the convulsions as a marked instance of the supernatural and as a token of divine favor. What could be more grotesque than to hear a congregation in the most devout mood laugh aloud during a sermon, unless it was to see some of them gravely dance and others end the performance by barking on all fours like so many dogs! In 1803 the infatuation had reached such a pitch that these ridiculous antics were esteemed by the credulous as exhibitions of heavenly interest in the unfortunate subjects.

A great many attendants on worship were exempt by native absence of susceptibility, while others managed to control the impulses of an unstable nervous system which they could not help feeling. At last in the name of order the preachers turned their eloquence against these exercises, and the craze died away.

Dr. Yandell at the close of his paper offers the following explanation of their nature: These perverted muscular movements all come under the head of morbid reflex action. By the continued religious fervor the central portions of the brain, the immediate seat of emotion and feeling, became inordinately excited. The impression transmitted downward to the spinal cord threw the muscles of voluntary motion into convulsions. Sensibility, which has its seat in the sensory ganglia, was generally annulled. When the hemispheres became involved the

subjects fell into a state of unconsciousness or coma. In this abnormal condition of the nervous centers, the bare recollection of the distressing scenes was sufficient in many cases to excite the convulsive movements. The former belong to sensori-motor actions; this last is an example of ideo-motor movement, instances of which are afforded by the act of vomiting, which may be caused by the recollection of disgusting sights or odors. The principle of imitation accounts for the rest. The great nervous centers in multitudes of people being in a state of polarity any unusual exhibition of feeling would throw the more excitable into spasms; and the affection would then spread by sympathy, as hysterical convulsions and chorea are known to spread among girls at boarding-schools. And as fear has checked these, the epidemic convulsions were checked by reason and common sense, and finally ceased under the law which limits all violent action.

Original.

SELF-ABORTION.

BY WM. H. HARDISON, M.D.

It is strange that some of the leading men of our profession are inclined to sneer at the possibility of a woman producing self-abortion. It is said that Dr. J. W. McLane, who succeeds Dr. T. Gaillard Thomas in the College of Physicians and Surgeons, delivered a lecture last winter to a jury, as expert, upon the impossibility of self-abortion. In this he seems to me to resemble that class of physicians who deny the existence of oxytocics, or the well-established physiological effects of some other most important drugs, doubting the experience of others simply because on their probably imperfect test of perhaps inferior articles these drugs failed to show their reputed power. He must see for himself the woman, the means, and the effect, and know personally from ocular demonstration that abortion has taken place as the effect of the means used by the woman only, before he will believe the possibility of self-abortion. As he has never seen a woman produce self-abortion, and fails to believe in the experience of others on this

head, he assumes it to be an impossibility on *a priori* grounds.

I will give the particulars of a few cases which will illustrate the fact that a woman can not only produce self-abortion, but can do so scientifically.

In the fall of 1877 I saw Effie D., eighteen years of age. Four days before my first visit she miscarried, which was followed by puerperal peritonitis, for which latter trouble I was called to see her. Her elder sister gave me the following account of the case: Out of wedlock she had become pregnant. When three months gone in pregnancy she sought to produce abortion by the advice of an old woman, who told her to get a round stick, as large as she could introduce well into the vagina, round and smooth at one end, then introduce it and "job" the mouth of the womb with it as hard as she could "stand" it, and to repeat the procedure three or four times a day until the desired effect was produced. After the third day's "jobbing" she was taken with labor-pains, and within eight or ten hours abortion was completed.

The following case shows the application of scientific means to create self-abortion:

In the spring of 1879 I was summoned by a servant-girl in great haste to see Mrs. G., the wife of a railroad-man, whom she said was in a dying condition. I found the patient unconscious, and while examining for a cause of her condition I noticed that she was having something very much like labor-pains. I inquired of the servant if the patient was in the "family-way," but she said she did not know, and all I could learn from the girl was that while in an adjoining room she heard the patient scream, and when she got to her she was in the unconscious state in which I found her. I was soon convinced, however, that my patient was having labor-pains, and at once made a digital examination; and you may judge of my surprise when I found what subsequently proved to be a small rounded piece of whalebone, ten or twelve inches in length, protruding from the vagina. Further examination revealed the smaller end lying loosely in the mouth of the womb, which was considerably dilated. I removed the whalebone and in ten or fifteen minutes the womb expelled a fetus of perhaps three and a half or four months. My patient soon rallied and became very talkative and free to *explain*, after the servant girl, who was the only other person in the house, left the room. She explained as follows: Three years previously, while residing in Chicago, she went to full

term in her *first* pregnancy, and the child had to be taken from her in pieces. In a year she again became pregnant, when upon consulting her physician, the same who attended her before, he advised the propriety of an early abortion, to which she and her husband readily agreed. She was then about three months advanced, and the operation was performed by the physician introducing a long flexible instrument (perhaps a gum-elastic bougie) into the womb and leaving it there; she lying in bed from the time of its introduction until she aborted. Again becoming pregnant, having left Chicago, being about three months advanced, and fully determined on abortion she decided to undertake the operation herself. I will say just here that she was a woman of unusual intelligence, and knew more about herself than most women do about themselves. So she procured the piece of whalebone and prepared it very nicely; she then went to bed, and with the forefinger of the left hand found the mouth of the womb, and with the right hand succeeded after a while in introducing her improvised probe. In about three hours she began to feel some pain, which gradually grew worse, and the last she remembered until "all was over" was a very severe pain which seemed to extend from her womb to her head.

A very common practice among the negro wenches of the South inducing self-abortion is by jumping from high places, such as a fence or a gatepost, to the hard ground. I believe that a very large majority of self-abortions as well as all other superinduced abortions are produced by the use of oxytocics, principally cottonroot and ergot. I think I am warranted in estimating the proportion of self-abortions as at least one third of all that are superinduced.

RICHLAND, ARK.

Correspondence.

PUERPERAL CONVULSIONS.

Editors Louisville Medical News:

Allow me to report a case of puerperal convulsions, forceps-delivery, and recovery.

On the morning of October 17th, about six o'clock, I was called to see Mrs. B. I was informed she had been having cramping pains since one o'clock. I made an examination and found the os considerably dilated, the passage well moistened, and pains

getting more frequent and stronger. Not a drop of blood had made its appearance before I got there, nor was there a sign of any until after birth of the child. However, the labor-pains went on favorably till the os was almost fully dilated, then they began to fail, getting less frequent and less effective, the patient taking a little rest or nap between the pains. Each examination revealed the fact that every thing was all right, with the exception of the slow rate of progress. The head was found presenting in the first position, parts moist and lax, but the progress was not what it ought to have been, so I kept waiting expecting the pains to increase. I stepped out of the room a minute, and was hurriedly called back by the nurse, saying the woman was in convulsions. Shortly after recovering from this one she was seized with another much harder than the first. The forceps was easily applied and delivery effected in short order. The uterus contracted well and the patient appeared to be doing well; but while I was applying the bandage she looked up at me and said, "I'm afraid something is going to happen." I looked and saw that she was going to have another convulsion, which she did in spite of efforts to check it. This over, she was ordered to keep perfectly quiet, and was given fifteen grains bromide of potassium, together with twelve grains of chloral hydrate, every hour. The patient recovered perfectly, not having another bad symptom.

R. J. LEONARD, M.D.

2372 CHATEAU AVENUE, ST. LOUIS.

Editors Louisville Medical News:

Some time ago I was summoned in haste to see a colored woman who, the messenger said, was having "fits." Upon my arrival, about eleven o'clock, I found the patient just emerging from a fit, which was readily diagnosed as puerperal convulsions, the patient being *enceinte* and nearly at term. The convulsions came on with alarming frequency, as often as every five or ten minutes. The neck and face were congested to a high degree, the eyes were as if set in their sockets, pupils were dilated. The jaws of the patient being tightly closed and partially tetanized I was powerless to act as far as administering any thing was concerned, therefore I busied myself, together with the assistants at hand, with keeping the patient from falling out of bed, which was no light task for four persons.

After the spasms had abated to some ex-

tent I attempted to give ten grains of hyd. of chloral and twenty grains of pot. bromide, but was again prevented by the tetanized condition of the jaws, and being without either chloroform or the hypodermic or rectal syringe I was unable to do any thing. Just before night, after having been with the patient nearly all day, I managed to get a dose of chloral and pot. bromide down the patient, which had the desired effect for a while. A consulting physician did not arrive till 9 o'clock in the morning, at which time he met me in consultation. Upon arrival we found that the convulsions had ceased for the time being and that the patient was resting easy. Her mind was wandering and she was talking incoherently. Being quite plethoric several ounces of blood were taken. At this stage we were totally unable to derive any information from the patient in regard to labor-pains. We made a digital examination, she being yet in a state of unconsciousness, and found the os dilated to the dimensions of a silver dollar, with no probability of a termination for several hours. We therefore left after giving the necessary instructions. In the meantime, I having other business to attend to, a woman midwife was called in and delivered the child still-born, the mother being unconscious. Subsequently the patient was treated with quinia and opium to combat malaria and inflammation. She recovered but her mind has never been right since.

J. K. P. CALDWELL, M.D.

DENMARK, TENN., October 19, 1881.

Reviews.

A Manual of Practical Normal Histology. By T. MITCHELL PRUDDEN, M.D., Lecturer on Normal Histology in Yale College, etc. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. 1881.

This is essentially a practical work by a practical teacher. The text is clear, admirably condensed, and the directions for manipulation and the paragraphs devoted to histological description address themselves so directly to the understanding of the student that even the dullest need not miss their meaning. The book gives evidence of having been made up from the carefully-noted results of the author's own practical studies and is innocent of theories or suppositions.

In a space of less than two hundred and

forty-nine small pages the essential peculiarities of all the tissues of the human body are made plain, and nothing but a collection of well-executed woodcuts is needed to make the work all that the student could wish for. We hope the next edition will contain this important addition, and that the author will supplement this book with a similar treatise upon pathological histology. This subject treated in the same succinct style and bound in the same volume with the work under notice would form a manual in every way suited to class demonstration, and one much needed at this time. We cheerfully recommend it to all who desire by practical study to acquaint themselves with the subject of normal histology.

The Science and Art of Midwifery. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, etc. With numerous illustrations. 8vo, pp. 687. New York: D. Appleton & Co. 1881.

At the first glance through the pages of this book the eye is caught very often by the large and accurate illustrations, most of which are new or taken from unfamiliar sources. More than two hundred figures are used to the great help of the reader in every case. The science and art of midwifery are intimately associated with anatomy and mechanical relations. A treatise intended for the instruction of students in this branch would be quite defective if figures were not plentifully used. There is no lack of them in Dr. Lusk's book.

The first chapter is a terse account of the physiological anatomy of the female generative organs. Two chapters are devoted to the development of the ovum. The author inclines to the view that the fimbriæ of the fallopian tubes do not grasp the ovary, having no erectile tissue, but that the ovum is directed in its migration by the motions of the serum set up by the ciliated cells of the tube. He believes that fecundation normally occurs in the ampulla by the penetration of spermatozoa into the ovum. There is very much in this part that is new to American doctors of ten years' standing.

To the physiology of pregnancy two chapters are given; the latter of which is very instructive in the diagnosis of that state. The management of pregnancy has one chapter full of practical therapeutic hints. To labor in its normal aspects six chapters are devoted. The puerperal state is the heading

for the physiology and management of child-bed. The pathology of pregnancy includes four chapters. Then follow large divisions of the book treating of obstetric surgery, the pathology of labor, and diseases of childbed. In these last divisions the hand of a master is to be recognized. They are not so full in historical recitals as some works we know, but they make up for this defect in the more important features of systematic descriptions of diseased states and thoroughgoing analysis of surgical and therapeutical appliances. Beyond doubt it will please the profession universally, and fit well the vacancy in American obstetric literature left since Meigs, Hodges, and Bedford have fallen out of print and out of demand.

Formulary.

HEMORRHOIDS, CAUSE AND TREATMENT.

Dr. S. S. Todd (St. Louis Courier of Medicine) says that constipation is the almost constant predisposing, and drastic cathartics the exciting, cause of hemorrhoids. In treating recent cases a saline cathartic should be first given, which may be followed by—

Ext. colocynth co..... gr. xxx; 2.00 Gm.;
Ext. nux vomica..... gr. xx; 1.33 Gm.;
Ext. belladonna..... gr. x; 0.66 Gm.

M. Make forty pills. Dose, one at bedtime.

Let the patient have a fixed hour for going to stool, and restrain all desire for evacuation of the bowels at other times. Should the above cause a liquid stool, reduce the quantity of colocynth; and should the pill fail to promote one soft, consistent motion daily, the colocynth must be cautiously increased.

In addition to the above the following will be found to give instant relief from pain and accelerate the cure:

Iodoform..... ʒj; 4.00 Gm.;
Balsam Peru..... ʒij; 8.00 Gm.;
Cocoa butter..... } aa ʒjss; 6.00 Gm.;
White wax..... }
Calcined magnesia ʒj; 4.00 Gm.

Incorporate the mass thoroughly and divide into twelve suppositories. Insert one after each evacuation of the bowels, and oftener if needed.

Old, chronic cases are treated as follows: All tumors found at the verge of the anus are to be clipped off with the scissors. If situated within the internal sphincter, move the bowels by means of magnesia sulphate, after which have the patient to sit over a vessel containing hot water, and direct him to bear down. If this does not bring the tumors into view, introduce the finger and so provoke tenesmus, which, with further effort upon the part of the patient, will generally bring the tumors within reach. They are then each to be seized with the forceps, and five or ten minims of the following injected by means of a hypodermic syringe:

Silver nitrate..... ʒj; 4.00 Gm.;
Water (distilled)..... ʒj; 30.00 Gm.

No pain is felt except that produced by handling the parts. One of the suppositories above mentioned may now be introduced; and if the treatment before suggested for constipation be judiciously followed up, no further treatment will be required. The tumors immediately become hard, atrophy, and in about ten days have wholly disappeared.

This treatment need not confine the patient to the house.

Pharmaceutical.

SOLUBLE COATED PILLS AND GRANULES.

Certainly the most eligible form in which medicine may be prepared is that of the coated pill or granule. By this means the drug is protected from the oxidizing effect of the atmosphere, accuracy of dose and convenience in exhibition are secured, and any disagreeable taste covered. Surely with such means of avoiding the evil the physician who teases the gustatory nerves of his patient with a bitter or nauseous dose is in most cases inexcusable. The coated pills and granules are especially adapted to the needs of the country practitioner, whose materia medica is often made up of a few tinctures, powders, and extracts with flavor and odor unmitigated by art; and whose pharmaceutical appliances frequently consist of nothing more imposing than a plate, a jackknife, and a few pieces of paper. When medicines are dispensed in this primitive manner the dose is often wide of the mark, the immediate effect nauseous, and the desired result uncertain; but when supplied with the elegant preparations in question, our friends of the saddle-bags may rival the best endeavors of their city *confrères*, please their patients, and drive from their fields of labor that parasite of their legitimate harvest, the homeopathist, whose most potent claim to the consideration of the sick is that he requires them to take no disagreeable drugs.

Messrs. W. H. Shieffelin & Co., of New York, have devoted years to experiment and improvement in this department of pharmacy, and from repeated trial we are prepared to say that their soluble coated pills and granules contain medicines of the best quality, displaying in their preparation the perfection of pharmaceutical art.

DURING the present low price of quinine the cheaper alkaloids, as a rule, are less in demand than formerly; but quinquina, notwithstanding this, still maintains in professional favor its well-earned place as a rival of quinine.

Miscellany.

TOTAL EXTIRPATION OF THE UTERUS FOR CANCER.—This operation may be said at present to be on its trial, for surgeons are not yet agreed as to whether the prospect of benefit outweighs the risk. The statistical accounts that have as yet been published are incomplete, and therefore not quite in agreement. We want figures to show us first in what number of cases the operation itself proves fatal, and then in how many of those who recover from the operation the disease returns. The statistics are not in agreement; first because improvements are being made in the technique of the operation, and in estimating the probable future mortality of an operation we must reject cases in which the operation was not done in the way which better knowledge has shown to be the safest, and also because some cases published as cures have afterward relapsed. Bearing in mind these errors the following statistics will be interesting:

Mikulicz (*Wiener Medizin. Wochenschrift*) quotes from Ahlfeld a table of sixty-six cases, out of which forty-nine proved fatal; in four the operation could not be completed, and of the thirteen who recovered in six relapses occurred; of the remaining seven in some the period since the operation at the time the figures were compiled was too short to allow the occurrence of relapse to be considered improbable. Some later statistics are more favorable. Kleinwachter, writing at the beginning of the present year, collected ninety-four cases of operation with twenty-four recoveries; but Kaltenbach, writing about the same time, out of eighty-eight cases enumerates thirty as successful. These figures evidently want sifting. They all relate to cases in which the uterus has been extirpated by abdominal section. Olshausen has collected (*Berliner Klin. Wochenschrift*) forty-one cases in which the uterus was removed by the vaginal method; of these twenty-nine recovered and twelve died. To these he adds six performed by himself, all of which so far as the operation was concerned were successful.—*Med. and Surgical Reporter*.

A NEW AERIAL DISINFECTANT.—M. Peyrusson proposes to purify the air by nitrate of ethyl, which he considers one of the best antiputrescent and antifermentescible agents (*Jour. de Méd. de la Haute-Vienne, Progrès Médical*). His method of proceeding is to

make the nitrate of ethyl extemporaneously by putting a mixture of alcohol and nitric acid in large open porcelain vessels, and gently warming these porcelain capsules over hot water. In proceeding thus he changes the proportions of alcohol and nitric acid indicated for the preparation of these ethers so as to avoid the disengagement of acid vapors; and he recommends the use of four parts of alcohol of 90° to one part of nitric acid of 36°. In these preparations the secondary products of the reaction are never disagreeable; the alcohol which is in considerable excess completely saturates the acid products, which, however, are none the less active by reason of the nascent state in which they occur at the moment of decomposition by the impurities of the alcohol. He recommends the system thus simplified in hospitals, maternities, barracks, and other public establishments. Each evening about fifty grams of the mixture to one hundred cubic meters of air should be put in porcelain capsules placed about the wards, and it may be put upon vessels containing warm water. This mode of purification of the air is, he says, inoffensive and agreeable. The nitrate acts on the germs of putrefaction which are floating in the air in great quantity in hospital wards and destroys volatile infected agents.

MEDICAL STUDENTS.—There is much, very much, that is mentally depressing and physically deteriorating in the daily duties of students of medicine. When in the intervals of his gloomy work the "medical student" dissipates somewhat riotously every moralist is "down on him." It is altogether forgotten that young men with a fair share of animal spirits must and will find some vent for their energy, and that when they indulge in recreation it is likely to take some more than commonly boisterous form, because of the unwonted repression produced by the most lugubrious of surroundings. Prisoners are known to break out in paroxysms of rage every now and again from very stress of the monotony of their lives. So it is with the medical student; he is excessively lively in his leisure hours because he is excessively borne down and depressed in his hours of attendance at lecture, in the wards of the hospital, and in the post-mortem and the dissecting-room. He has a special claim to consideration on the score of his unnatural surroundings which are altogether alien to the spirit and genius of youth.—*London Lancet*.

THE CARRIER PIGEON IN MEDICAL PRACTICE.—A physician of Erie, Penn., is training homing pigeons for use in his practice. Some of his young birds put upon the road to make record for distance have made very good time—viz. fifty miles in ninety minutes, sixty-six miles in eighty-two minutes. Homing pigeons are largely used by country physicians both here and abroad. One doctor in Hamilton County, N. Y., used them constantly in his practice, extending almost over two townships, and considered them an almost invaluable aid. After visiting a patient he sends the necessary prescription to his dispensary by a pigeon; also any other advice or instruction the case or situation may demand. He frequently also leaves pigeons at places from which he wishes reports of progress to be dispatched at specified times or at certain crises. He says he is enabled to attend to a third more business at least through the time saved to him by the use of pigeons. In critical cases he is able to keep posted by hourly bulletins from the bedside between daylight and nightfall, and he can recall case after case where lives have been saved which must have been lost if he had been obliged to depend upon ordinary means of conveying information.—*New York Times*.

IMPROVEMENTS IN HYPODERMIC INJECTION. Dr. Mason recommends the following as the best way of dealing with the piston of the hypodermic syringe when its packing gets worn and loose so that it does not work readily. Remove the small nut at the end of the piston and take half of the packing off (it is usually in two parts) and place between them a piece of chamois-skin. Cut it round leaving it somewhat larger than the packing. It will absorb water, swell, and completely fill the barrel. A trial of this will convince the most skeptical of its value over all other devices to do away with the most annoying feature connected with the use of the syringe.—*Med. Times and Gaz.*

We clip the following item from the New York Herald of November 16th. It concerns a gentleman who during his recent residence in Louisville made many friends:

Dr. Benjamin J. Baldwin, of Alabama, was elected resident house surgeon yesterday by the surgeons and directors of the Manhattan Eye, Ear, and Throat Hospital. Ex-Gov. Morgan recently donated fifty thousand dollars to the institution. The new building is at Park Avenue and Forty-first Street.

SIMULATED DISEASE IN A CHILD.—A brief account of a case of simulated disease in a child, described by Herr J. A. Malmgren, is given in the *Nordiskt Mediciniskt Arkiv*.; A girl seven years old, daughter of a laboring man, complained of pain in the knees and tendons of the legs, and lay in bed more than two months with her thighs drawn close up to her abdomen. After this the child, who lived at a distance, was seen for the first time by Herr Malmgren and examined, with the result that no disease could be detected. The legs were now forcibly extended and a bandage was applied. The next day the child, being tired of this, declared that she could lie without being bent up. The parents took off the bandage; she lay straight, but said that she could neither walk nor stand on her legs. In this state her parents allowed her to lie six or seven weeks, in the belief that she was paralyzed. She now, however, conceived the idea of counterfeiting dumbness; she could no longer be induced to speak. Her Malmgren endeavored, by means of pricking and pinching and the induction-apparatus, to make her utter a sound, but in vain, although a copious flow of tears showed that she felt pain. When, however, she was told that it was necessary for her to go and live in Herr Malmgren's house, and thus to be separated from her parents, the power of speech returned and permanent recovery followed.—*British Med. Journal*.

NITROGLYCERIN.—In the United States the prescription of nitroglycerin has given rise to some popular apprehensions which are amusingly conveyed in the following extract from a daily paper:

"See heah boss!" exclaimed Uncle Abe as he watched the druggist carefully, "ain't ye makin' a leetle mistake dar? Dis niggah done learn to read, an' 'pears to me dat it says 'Nitro Grycerum Pill' on dat bottle. *What if it duz?* du ye say? Well, now I just think it makes a heap o' difference. Dem last pills ye guv me jist made me git up and dust, and now if I take grycerum pills, dar won't even be dus' left. I do n't bleeve ye understan' wat powerful med'sin dat are. Needn't put it up, sah; I would n't tetch it! I'd be fear'd to carry it roun' wid me. *De doctor ordered it?* Yes, I knows he did now, and I knows why. Dat man's bin laying a trap fur me ever since las' winter. I was doin' his chores roun' de barn, an' two of his pure blood chickens followed me home, an' nex' mornin' 'Liza diskivered

'em in de woodshed wid dar feet friz, so she jest made a pie of 'em, an' dat same Doctor King was weak min'ed 'nough to think I coaxed dem birds home wid me. *Don't know much 'bout dat glycerum med'sin*, duz ye? Better set it down, 'an set it down kind o' easy too. Fact is I doan' like to stay whar dat med'sin am kep'. *Good med'sin, did ye say?* Yes, cause ye'll never need any mo'. One dose is all ye want. Ye'll be cured suah, specially ef some one runs agin ye and jars ye a little, or ye stubs yer toe an' falls down. Hit won't bear no fool-in' wid, dat med'sin won't. Dat ole King said de subscription was suah to kill or cure, and he was mighty right. We used dat nitro glycerum over in Wes' Virginny to dig ile-wells wid, but I never knowed dey made pills of it afore. Jis' han' me back dat subscription. I'se goin' down dis minit to show it to de squier, an' I'll get out a replevin for dat Doctor King afore dark. I think dat subscription 'll send him up, I do! Uncle Abe Jenkins ain't de man to set down an' have hisself blowed all into pieces in cold blood, an' all jist on account of two chickens follerin' him home!" And the old man took his prescription and departed for the office of Esquire Worthington.—*London Lancet*.

RESPONSIBILITY OF THE SURGEON.—Volkman, before the International Congress, said that the surgeon is responsible for every disturbance that occurs in a wound; that it is his fault if even the slightest reaction or redness is developed in it, or if an amputation is not healed by first intention. He must reproach himself severely if after an operation bagging of pus occurs, and especially if death occurs from pyemia.

[If Volkman can make these assertions authoritative, we may look for a marvelous increase in the number of malpractice suits. —EDS.]

PROF. PASTEUR AND THE YELLOW FEVER. Of Prof. Pasteur's journey in quest of yellow fever germs, M. Latour (*Union Médical*, September 24) writes as follows: Prof. Pasteur, who is not in early life, for he was born in 1822, and whose health has suffered from a serious accident, has in the midst of his brilliant career and all the celebrity which his admirable discoveries have bestowed on his name, and when he ought to be enjoying some of that repose so legitimately acquired, given up his holidays and the vivifying air of his Jura mountains to go—where? To

shut himself in a lazaretto in company with some unfortunate beings who have brought with them the fearful yellow fever from Senegal, in order to search in their dejections at the peril of his life for the *microbe* that may perhaps be the cause of this terrible affection, and in the hope of being able by his skillful and patient "culture" to find the "vaccinator" for the black vomit as he has found it for anthrax and chicken-cholera. Whatever may be the result of his expedition it will do none the less honor to Prof. Pasteur. Even if his generous hopes are not realized he will at all events have given proof of his great courage in having undertaken these perilous experiments on a disease which by infection or contagion prostrates the most robust.—*Med. Times and Gazette*.

MEDICAL WOMEN IN BOSTON.—At a meeting of the Suffolk Medical Society, where Dr. Bowditch proposed resolutions censuring Harvard University for refusing medical instruction to women, and the Massachusetts Medical Society for refusing to admit them as members, it was stated that there were now more than a hundred women engaged in the practice of medicine in the city of Boston alone; this being more than one eighth of the entire number of all the various professors of medicine. "At present," said one of the speakers, "we are practically driving every woman who would be a physician into quackery. A large number of the students of the Boston (homeopathic) University are women; not because they desire to be homeopaths, but because it is the one place where woman is welcome to a free rivalry in medical study." The resolutions proposed by Dr. Bowditch were negatived.—*Boston Med. Journal*.

NIGHT-CALLS.—The New York Med. Record mentions that a physician is suing, at Shelbyville, Ind., for a divorce from his wife on the ground of cruel and inhuman treatment. Having a large practice, he is often called out at night. His wife, being jealous, refused to believe that all his absences from home were professional, and demanded that he should stay in of nights. He said that his patients would not stand neglect. Then she adopted the plan of taking poison whenever he had a night-call, thus compelling him to remain and doctor her. She swallowed a deadly drug in this way several times, and her life was saved with difficulty. The husband claims that such conduct is a just cause for divorce.

PASTEUR ON VENOMOUS SALIVA.—The latest results of Pasteur's study of inoculation of human saliva are given by a correspondent of the British Med. Journal. Says he: M. Pasteur continues his parasitic warfare with unbroken zeal, and by further experiments with human saliva he has made the startling discovery that the saliva of a person fasting is venomous, as it contains the same parasites as those found in the saliva of children which he had previously described; but that on the person breaking his fast his saliva is deprived of the venomous quality, as the parasites are taken into the stomach with the food. All this is terrible to contemplate; and even M. Pasteur was confounded, as the result of his experiment was as awful as it was unexpected. The learned biologist made no attempt at explanation, but said he would for the present only point to the fact, which, he added, was in itself very suggestive.

RESUSCITATION OF FROZEN ANIMALS.—A conflict of opinion exists between experimenters on the one hand and clinical surgeons on the other as to the best method of resuscitating frozen animals (including human beings). While the latter almost without exception advocate the gradual introduction of heat, the former (Beck, Horwat, and Jacoby) claim that it should be applied rapidly. In order to decide this question, Laptschinski has performed careful experiments upon dogs in the clinic of Prof. Manasse. The results were confirmatory of his views on the subject, and are summarized as follows: Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen died; of twenty introduced at once into a warm apartment, eight perished; while of twenty placed immediately in a hot bath all recovered.—*Internat. Surg. Record.*

CANDID.—A gentleman called to consult a physician in regard to a serious form of rheumatism. The latter wrote him a prescription. As the patient was going away the doctor called him back. "By the way, sir, should my prescription afford you any relief, please let me know, as I am myself suffering from an affection similar to yours, and for twenty years have tried in vain to secure any relief."—*Chicago Med. Review.*

[The above was headed *honesty* by the Review; but under the presumption that the doctor charged a fee for his prescription we have taken the liberty to change the title of the article.—EDS.]

Selections.

On Gangrenous Eruptions in Connection with Chickenpox and Vaccination.—By Jonathan Hutchinson, F.R.C.S., in British Med. Journal:

A child in perfect health was vaccinated with several others from the arm of a healthy infant. None of the other children suffered. In this child nothing unusual happened to the vaccination-vesicles, which ran their course naturally. On the eighth day after vaccination, however, an eruption came out on the body and limbs which three days later was diagnosed by the vaccinator as variola. Some of the spots had at this time become dusky, and threatened to slough; and afterward gangrene attacked large numbers of them. Between the eleventh and twenty-first days no surgeon saw the child. It died on the latter date; and an inquest having been held the coroner requested Mr. Hutchinson to examine the body, and report on the nature of the disease. The body, which on a former occasion was shown to the society, and of which drawings were again-produced, was that of a well-grown healthy child. It was covered with gangrenous sores; the sloughs being black, and in many instances extending into the subcutaneous cellular tissue. Some of them were as large as shillings. There were numerous smaller sores on which no gangrene had occurred. The sores were arranged with tolerable symmetry over the scalp, face, trunk, and limbs, but the hands and feet were exempt. A post-mortem examination by Dr. Barlow showed no disease of internal organs. The child had died from exhaustion in connection with the extensive affection of the skin.

The author stated that so far as he knew this was the first example of a gangrenous eruption following immediately upon vaccination, and that he was inclined to regard it as an instance of the vaccinia exanthem running, in connection with idiosyncrasy, an unusual course. Since the case was first brought before the society in November 1879, another almost similar one had occurred in Dublin, and had been carefully recorded by Mr. William Stokes. By the kindness of Mr. Stokes drawings representing the condition of his patient were presented to the meeting. In this instance the patches of gangrene, although larger, were fewer in number and more superficial; and the infant, although for a time in great danger, eventually recovered. The two cases were almost exactly parallel, excepting that in Mr. Stokes's case a much shorter interval between the vaccination and the appearance of the eruption was assigned by the mother. There were, however, great doubts as to her accuracy and truthfulness, since the medical man whom she asserted to have vaccinated the baby said that he certainly had not done it on the day that she alleged. The eruptions affected the same parts in the two children. In both the hands and feet were exempt; and in neither did the vaccination-spots themselves become gangrenous.

The author next proceeded to another part of the subject—the attempt to demonstrate that chickenpox does occasionally assume a gangrenous form, and present conditions very similar to those just described in connection with the vaccinia exanthem. He had, he said, for ten years or more been in the habit of recognizing a gangrenous form for varicella, and several patients suffering from it had come under his care at the Moorfields Hospital with suppurative iritis. In

some cases the disease had proved fatal; but in the majority the patients recovered, with deep scars and sometimes great damage to the eyes. In the worst cases the eruption involved the whole thickness of the skin and left an abruptly margined, punched-out ulcer. The author quoted from a paper published by Dr. Whitley Stokes, of Dublin, in 1807, in which this malady was, he thought, clearly described. Dr. Whitley Stokes said that it was well known in many parts of Ireland under the names of "the white blisters", "the eating hive", and "the burnt holes". Dr. Whitley Stokes had noticed the resemblance of the disease to chickenpox, but had attempted to diagnose between them, alleging that in chickenpox the fever always preceded the eruption and that the pustules always dried quickly. The author of the present paper contended that neither of these distinctions would hold good, and drew attention to the fact that Dr. Stokes had, like himself, observed that the eruption usually occurred in very healthy children; that at its first stage it was like chickenpox; that severe inflammation of the eyes sometimes occurred; and that the worst cases ended fatally. The final proof on which the author relied that the eruption was no other than a modification of varicella was that he had repeatedly occur to one child in a family while several others were going through varicella in its ordinary form. For two examples of this he had recently been indebted to the kindness of his friends, Dr. Barlow and Dr. David Lees, of the Children's Hospital. Of one of these cases a drawing was shown. The author referred to some wax casts in the Gay's Hospital museum which, he said, well illustrated the condition which he had been describing. They had been named *rupia escharotica*; but he could have no hesitation in believing them examples of gangrenous varicella.

In conclusion, he urged that if the proof were accepted that in connection with idiosyncrasy in perfectly healthy children the eruption of varicella might occasionally assume a severe gangrenous type there could be but little difficulty in admitting the same possibility as regards the *vaccinia exanthem*. By the term *vaccinia exanthem* he intended to designate a general eruption, sometimes erythematous, sometimes lichenoid, and sometimes vesicular, which, although infrequent, was admitted by all experienced vaccinators to be occasionally seen. It had been especially described by Mr. Ceely, and was referred to by Hebra and others. It was of course the analogue of the skin-eruption in variola.

A Case of Poisoning by Resorcin.—By William Murrell, M.D., M.R.C.P., in *Medical Times and Gazette*:

On the morning of Sunday, December 5th, at about half-past five o'clock a young woman of nineteen, who had been taking resorcin with benefit was found to be suffering from one of her asthmatic attacks. At 7 o'clock she was given two drams of resorcin in a little milk. Almost immediately, as she subsequently told us, it flew to her head and she felt giddy and had "pins and needles" all over. In a few moments she became insensible, and was found lying on her side, with closed eyes and clenched hands, and faintly moaning. She had not been sick, but was bathed in profuse perspiration, and was very cold. Dr. Jessop was at once sent for, and at 7.10 found her in the following condition: "Insensible; in a profuse perspiration from head to foot; groaning; pallid; lips blanched; tongue dry; no foaming at the mouth or smell in the breath; pupils equal, normal; conjunc-

tive insensible to touch; teeth clenched; skin cold and clammy, and temperature evidently low. No facial paralysis; no paralysis of mouth or oesophagus; pulse imperceptible at the radials; chest-walls almost motionless. On stethoscopic examination very little air was found to be entering the lungs; no rhonchus; heart sounds very faint and heard with difficulty—no distinction between first and second sounds. Abdomen not distended; walls flaccid. No urine or feces passed. Arms and legs limp—arms less so than legs; total absence of reflex action on tickling foot; no patellar reflex; no tetanus; no spasm, either tonic or clonic." Dr. Jessop realizing the urgency of the case forced open her mouth and poured down about two ounces of olive oil. He then applied the stomach-pump and in a few minutes the stomach was emptied and thoroughly washed out with tepid water. He next injected a scruple of sulphate of zinc and a dram of mustard, and the patient vomited slightly. She was flicked with a wet towel, and an endeavor was made to get her to walk, but she was found to be absolutely powerless. The pulse at the radials was now weak and thready, and the temperature in the axilla was only 94°. In a few minutes the breathing improved, and the conjunctivae were found to be slightly sensitive. The extremities were still cold and sweating. From 7.30 to 8 A.M. the patient was gradually coming round, and could answer in monosyllables, although she seemed hardly to understand what was said to her. The axillary temperature was now 95°. At 8 A.M. the feet were warmer, consciousness was returning, and the pulse under the influence of brandy became stronger. At 8.30 A.M. she was given an inhalation of nitrite of amyl; the temperature was 96°, and it gradually rose to the normal. At 8.45 A.M. she was conscious, and we were satisfied that she was out of danger. At 11 A.M. the temperature was 99°; at 3 P.M. 102.2°; at 6 P.M. it was 100.4°. On the following and subsequent days it was normal. There was never at any time ptosis, strabismus, or salivation. The first urine passed presented the usual olive-green color, but this disappeared in about twenty-four hours. There was no action of the bowels. . . .

The symptoms developed in this case present several points of interest. The general resemblance to poisoning by carbolic acid is very apparent. The cold sweats, stupor deepening rapidly into collapse, with complete abolition of sensory and reflex movement, are noteworthy. The fall of the temperature is very remarkable. The condition of the urine is also noticeable. It is difficult, without further experiments on the lower animals, to say exactly how resorcin acts, but it is undoubtedly a cardiac depressant, and probably exerts, in addition, a direct action on all the organs involved. Respecting the treatment adopted by Dr. Jessop, it may be said that it was the best that could possibly have been employed. The olive oil probably prevented further absorption until the stomach was emptied by the stomach-pump. In poisoning by carbolic acid the exhibition of alkalies in solution and in large excess has been recommended, and Baumann and Sonnenburg have suggested the use of sulphate of sodium as an antidote. Should the condition of collapse continue it would be advisable to administer a hypodermic injection of atropia. Dr. Andeer considers that albuminate of iron and red wine are the best antidotes in resorcin poisoning. What is the largest dose of pure resorcin that may be given with safety I am not prepared to say, but I have often given forty grains every four hours without the production of any unpleasant symptom.

The Mental Phase of "Cold-catching."—It is noteworthy as a curious yet easily explicable fact that few persons take cold who are not either self-consciously careful or fearful of the consequences of exposure. If the attention be wholly diverted from the existence of danger, by some supreme concentration of thought, as, for example, when escaping from a house on fire or plunging into cold water to save a life, the effects of "chill" are seldom experienced. This alone should serve to suggest that the influence exerted by colds falls on the nervous system. The immediate effects of a displacement of blood from the surface and its determination to the internal organs are not, as was once supposed, sufficient to produce the sort of congestion that issues in inflammation. If it were so an inflammatory condition would be the common characteristic of our bodily state. When the vascular system is healthy and that part of the nervous apparatus by which the caliber of the vessels is controlled performs its proper functions normally, any disturbance of equilibrium in the circulatory system which may have been produced by external cold will be quickly adjusted. It is therefore on the state of the nervous system that every thing depends, and it is, as we have said, on the nervous system the stress of a "chill" falls. Consciousness is one element in the production of a cold, and when that is wanting the phenomenon is not very likely to ensue. It is in this way that persons who do not cultivate the fear of cold-catching are not as a rule subject to this infiction. This is one reason why the habit of wrapping up tends to create a morbid susceptibility. The mind by its fear-begetting precaution keeps the nervous system on the alert for impressions of cold, and the centers are, so to say, panic-stricken when even a slight sensation occurs. Cold applied to the surface, even in the form of a gentle current of air somewhat lower in temperature than the skin, will produce the "feeling" of "chill." Conversely a thought will often give rise to the "feeling" of cold applied to the surface—for example, of "cold water running down the back." Many of the sensations of cold or heat which are experienced by the hyper-sensitive have no external cause. They are purely ideational in their mode of origination, and ideal in fact.—*London Lancet.*

Case of Torticollis Cured by Galvanization.

—Dr. De Giovanni, says the *Deutsche Med. Wochenschrift*, reports the case of an unmarried woman of twenty-seven, without neuropathic antecedents, who in 1878, following the death of her mother, fell into a condition of unconsciousness lasting for nine days and accompanied by tremulous tonic spasm of the head and upper extremities. From that time she became more and more of an invalid, suffered with facial neuralgia, cardiopalmus, and also with recurrence of the tremor of the head and arm by night. On the 14th of April, 1880, after unusual effort, the tremor suddenly came on with renewed severity, accompanied by a feeling of constriction in the throat, and followed by coma lasting eighteen hours; subsequently clonic convulsions and renewed coma lasting four days. On awakening after this last attack the head was found to be bent to the left and forward, restoration to its original position nearly or quite impossible. All the ordinary means of medication, both internal and external, failed. Examination made on the 16th of June, 1880, showed contraction of the left sterno-cleido mastoid and trapezius, while the homologous muscles of the opposite side felt smooth

and soft. The employment of an extremely weak, scarcely perceptible, induction current on the left side of the neck and the edge of the trapezius gave rise at once to clonic forward movements of the head, which gradually removed the latter from its abnormal position. After the cessation of the induction current the deformity, by this time about half remedied, did not show any inclination to return. A similar current was now applied to the left sterno-cleido mastoid, which produced like impulsive movements, gradually restoring the head to its normal condition. The sitting lasted only two minutes.

Giovanni sees in the result of this therapeutic procedure a striking confirmation of the transportation of motor energy from one side, where it was present in excess, to the opposite side, where a defect not only of motility but also of muscular tonus existed. The behavior of the contracted muscles, which lost their almost board-like hardness during faradization, while the muscles of the right side of the neck, seized with rapid clonic movements, gained volume and consistence to a decided degree, is also worthy of note. The recovery to normal condition as the result of treatment was very striking and complete; the left sterno-cleido mastoid, however, seemed slightly more contracted than the right. The application of metals was employed to complete the cure. The patient left the clinic entirely cured of the torticollis at the end of eight days.—*Phil. Med. Times.*

Expressing the Placenta.—The method at present in vogue of expressing the placenta is associated indissolubly with the name of Credé, for though the value of friction, of kneading, and compression was appreciated, as their writings show, by Mauriceau, Robert Wallace Johnson, Joseph Clark, Busch, Mayer, and others, it remained for Credé to elevate placental expression to the rank of a recognized procedure of obstetric practice.

Credé's method consists essentially in applying at first light and afterward stronger friction to the fundus of the uterus till an energetic contraction is obtained; at its height the uterus is grasped so that the fundus rests in the palm of the hand with the fingers to the front. The exercise of circular compression forces the placenta from the uterus, or in case of failure the process may be repeated until the object is accomplished. It is true that the expulsion of the placenta will, as a rule, occur spontaneously. The unaided uterus is, however, liable to relax and become the source of hemorrhage; or where the delivery does not take place speedily, it may on the other hand close down so as to imprison the placenta within its cavity. The great merit of Credé's method is that by maintaining retraction it prevents hemorrhage, and by promoting speedy expulsion it guards against the dangers of retention. When systematically practiced the bugbear known as adherent placenta is the rarest of accidents.

The practice is not difficult and is devoid of danger. To be successful, however, expression should be practiced only during a contraction, and the propulsive force should be directed from the fundus downward in the axis of the uterus. Spiegelburg lays great stress on exercising compression of the uterus from the moment the head emerges from the vulva, and not waiting until the delivery of the child is ended. By so doing general contractions are maintained and the detachment of the placenta promoted.

—*Prof. Lusk's new work on Midwifery; D. Appleton & Co., New York.*